

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039595

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 259

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MaryvilleLength of stay in 1b
7 monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 604 South MulberryInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Maryville

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
526 West 4thReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CLARA

Middle

BARBARA

Last

CHICK

4. DATE OF DEATH

Month

II

Day

3

Year

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/6/73

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Darlington, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Jacoby

13b. MOTHER'S MAIDEN NAME

Fredericka Nusbaumer

14. NAME OF HUSBAND OR WIFE

J. H. Chick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. A. J. Dinsdale, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/5/62
11:00

A.

to 11/3/62

and last saw

Dec

Nov 3, 1962

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

11/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

11/5/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

23d. LOCATION (City, town, or county)

Maryville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

11-5-62

26. REGISTRAR'S SIGNATURE

Beas Bolt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0745

2 0745

3 2

4 1

5 2

6

7 0

8 2

9 4500

10

11

12 90-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G. Therrick*

Licensed Embalmer No. 5188

P. O. Address Manassas, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.